

MISC

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER JAY MORTENSEN		Date of This Filing RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 21 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1312788		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Laguna Hills	STATE CA	ZIP CODE 92653	No. of Pages

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/20/08	Jay R. Mortensen Laguna Hills, CA 92653	Proposition 8	5,000	

Reason for Amendment: _____

MD
P.1
NO. 594
Oct 21 2008 13:24
OCT. 21. 2008 1:05PM

MISC

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER The Roman Catholic Bishop of Sacramento, a corporation sole			Date of This Filing 10/21/08	Date Stamp OCT 21 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 916-733-0100	I.D. NUMBER (if applicable) 482576		Report No. 1-2008	in the office of the Secretary of State of the State of California	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)	DEBRA BOWEN Secretary of State	
CITY Sacramento	STATE CA	ZIP CODE 95818	No. of Pages 1	RJA	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	Protectmarriage.com- Yes on 8 - ID # 1302592 Sacramento, CA 95833	Statewide Proposition 8	5000.00	11/4/08

Reason for Amendment: _____

10/21/2008 TUE 8:37 FAX 5309345776 The KAL Group

OCT 21 2008 8:35

001/001

CP

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER WBSCORP CREDIT UNION EMPLOYERS STATE PAC		Date of This Filing 10/21/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHCNE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1299391	Report No. 10217041	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 21 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 17	R AA
CITY SAN DIMAS, CA	STATE CA	ZIP CODE 91773		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/2008	FRIENDS OF EPREN CARRILLO (#1304418) SANTA ROSA, CA 95407	EPREN CARRILLO County Supervisor SONOMA COUNTY, #5	500.00	11/04/2008

Reason for Amendment _____

FROM _____

OCT 21 2008 12:54

(TUE) 10:21:08 12:51/ST. 12:51/NO. 4863512559 P 1

MD

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Athens Services		Date of This Filing 10/21/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 21 2008 DEBRA BOWEN Secretary of State R HA	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 336-3636	I.D. NUMBER (if applicable) 499501	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY City of Industry, CA 91716-0009	STATE	ZIP CODE		
No. of Pages 1				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	Committee for Measure SP South Pasadena, CA 91030 FPCC # 1310236	Measure SP South Pasadena	\$1,000	11/04/08
10/20/08	Friends of Russ Blewett Hesperia, CA 92340	Russ Blewett Hesperia City Council	\$1,000	11/04/08

Reason for Amendment: _____

10/21/2008 11:50 6263302517

ATHENS ACCT DEPT

PAGE 02

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5

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Ray and Dagmar Dolby		Date of This Filing <u>10/21/08</u>	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 21 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415 563-6947	I.D. NUMBER (if applicable) 1312785	Report No. <u>08-001</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS		No. of Pages <u>1</u>		
CITY San Francisco	STATE CA	ZIP CODE 94118		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	No on 8, Equality For All ID#1259396 West Hollywood, CA 90069	Prop. 8 Statewide	10,000.00	11/4/08

Reason for Amendment: _____

MD
P.02
5308421491
Oct 21 2008 14:15
DAROLYN REED
OCT-21-2008 15:20

001/002

Oct 21 2008 21:33
DAVID GOULD
10/21/2008 20:45 FAX

MISC

1/2

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
FRIENDS OF TOM RUBINSON FOR JUDGE

AREA CODE/PHONE NUMBER
(213) 489-4792

I.D. NUMBER (if applicable)
1304462

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90071

Date of This Filing 10/21/2008

Report No. LCR-81020

Amendment to Report No. _____
(explain below)

No. of Pages 2

Date Stamp

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Secretary of State R

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/2008	Thomas Rubinson Los Angeles ID: _____ Ref: <input type="checkbox"/> CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney Los Angeles County	10000.00
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**

IND - Individual PTY - Political Party
 COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee
 OTH - Other

Reason for Amendment: _____

002/002

Oct 21 2008 21:33

DAVID GOULD

10/21/2008 20:45 FAX

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
FRIENDS OF TOM RUBINSON FOR JUDGE

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1304462

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

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Late Contribution(s) Made

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	ID:	Ballot: Dist:		

Reason for Amendment: _____

002/003

Late Contribution Report

Type or print in Ink.
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2/2

NAME OF FILER
Rocky L. Crabb for Judge

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
~~1304279~~ 1304272

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

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2 / 2

LATE CONTRIBUTION REPORT

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Oct 21 2008 23:17

DAVID GOULD

10/21/2008 22:29 FAX

496 Independent Expenditure Report

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Catholic Conference		Date of This Filing 10/21/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California OCT 21 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 916-313-4011	I.D. NUMBER (if applicable) 1312126	Report No. 1-2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1	
CITY Sacramento	STATE CA	ZIP CODE 95814		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD				Eliminates Right of Same-Sex Couples to Marry.			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
			8	Statewide	✓		

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19 to 10/21	Staff Time to develop materials for California Diocese use	1055.00

Reason for Amendment: _____

MISC

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NO. 982 0001

MPD

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER
Richard B Hazess

AREA CODE/PHONE NUMBER **ID NUMBER (if applicable)**
1287296

STREET ADDRESS

CITY **STATE** **ZIP CODE**
Montecito, CA 93108

Date of This Filing 10/21/2008

Report No. 1228

Amendment to Report No. _____
(explain below)

No. of Pages 1

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/2008	NORA Campaign - Yes on 5 (#1302707) Sacramento, CA 95814	Proposition 5 - Non-Violent Drug Offenses, Sentencing, Parole & Rehabilitation	50,000.00	11/04/2008

Reason for Amendment: _____

Oct 21 2008 18:10
9164421280 → SOS
OLSON, HAGEL
17:01
10/21/2008